## PATENT APPLICATION FEE DETERMINATION RECORD Effective (1, 2003)

Application or Docket Number

10/016864

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			(Column	<u> </u>	(Colui	III 2)		,		OR I <b>I</b>		
TOTAL CLATIVIS							Ž	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		]	BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*		4	X\$ 9=	4	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =				_	X43=		OR	X%P==	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				1	+140=	<b>\</b>	OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in co						olumn 2	1	TOTAL		OR	TOTAL	
9/03/04 CLAIMS AS AMENDED - PART II										l	OTHER	THAN
	(VIE)	(Column 1)		(Colu		(Column 3	3)_	SMALL E	NTITY	PR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 12	Minus	** (	O(	=	]	X\$ 9=\		OR	X\$18=	. ,
		* \	Minus	***	3	=		X43=		OR	\ X\$6≤	
	FIRST PRESE	NTATION OF MU	JUIPLE DEF	ENDEN	CLAIM			+140=		OR	+280=	
-								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		3)	ADDIT. I'EE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43-		OR	XÝ{s=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPE				T CLAIM							
								+140=		OR	+280=	
								TOTAL ADDIT. FEE	·	OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column	3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	Т	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= 		X43=		OR	X36=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	000	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280= TOTAL	ļ
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	
	The "Highest Num	nber Previously Pa	id For" (Total o	r Independ	dent) is the	e highest nur	mber fo	ound in the ap	propriate bo	x in co	olumn 1.	